



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
PO BOX 43, JEFFERSON CITY MO 65105-0043

APPLICATION FOR MOTOR VEHICLE FRANCHISOR/MANUFACTURER LICENSE

FORM
5308
(REV. 8-2010)

FRANCHISOR NAME		TELEPHONE NUMBER AT THE STREET ADDRESS PROVIDED	
STREET ADDRESS (NO POST OFFICE BOXES)		COUNTRY	
CITY	STATE/PROVINCE	ZIP CODE	
List ALL NAMES you are doing business as (DBA).			
Names of PRINCIPAL CORPORATE OFFICERS and their POSITION TITLES (use separate sheet if needed).			
Names of ALL VEHICLE BRANDS that you provide sales and service agreements for (use separate sheet if needed).			
I hereby certify the following:			
1. I am an authorized officer employed by the franchisor identified on this application;			
2. Pursuant to my normal duties as an employee of the franchisor identified on this application, I am authorized to complete this application;			
3. The franchisor's place of business identified above is occupied and is used, in part, to facilitate the franchising of motor vehicle dealers who operate within the state of Missouri;			
4. The franchisor maintains regular business hours during which the Department of Revenue is able to contact the franchisor; and			
5. The franchisor will notify the Department not less than ten (10) days prior to moving their place of business or changing their telephone number.			
SIGNATURE OF AUTHORIZED OFFICER		TITLE	
PRINTED NAME OF AUTHORIZED OFFICER		DATE	